

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of RONALD D. JAMES, SR. and U.S. POSTAL SERVICE,
POST OFFICE, St. Louis, MO

*Docket No. 03-1700; Submitted on the Record;
Issued August 27, 2003*

DECISION and ORDER

Before ALEC J. KOROMILAS, WILLIE T.C. THOMAS,
MICHAEL E. GROOM

The issue is whether appellant's hiatal and umbilical hernias were causally related to his federal employment.

On September 5, 2002 appellant, then a 41-year-old mailhandler, filed an occupational disease claim alleging that he developed hiatal and umbilical hernias from pushing heavy containers of mail, throwing heavy bundles and emptying heavy sacks. He indicated that he first became aware of his condition on February 1, 2002. Appellant noted his stomach was hurting and one day while he was lifting sacks and throwing mail he felt a pop in his stomach. He stated that he thought nothing of it until he had to bend over and he knew then something was wrong.

Medical evidence supports that appellant had a hiatal hernia as well as a small umbilical hernia that was reducible. On November 14, 2002 the Office of Workers' Compensation Programs requested that he submit additional information to support his claim, including the following:

"Provide a comprehensive medical report from your treating physician, which describes your symptoms; results of examination and tests; diagnosis; the treatment provided; the effect of treatment; and the doctor's opinion, with medical reasons, on the cause of your condition. Specifically, if your doctor feels that exposure or incidents in your [f]ederal employment contributed to your condition, an explanation of how such exposure contributed should be provided.

"Please note: This evidence is crucial to the consideration of your claim. You may wish to provide your treating physician with a copy of this letter."

Appellant replied on December 6, 2002. He provided factual information, including his position description. Appellant submitted medical evidence indicating that he underwent surgery for a hiatal and umbilical hernia repair on October 8, 2002. He also submitted a January 8, 2003

report from Dr. Rajesh S. Padmanabhan, general surgery element chief, with the Department of the Air Force, who reported as follows:

“This is to inform you that [appellant] had surgery on October 8, 2002 at Scott Medical Center, Scott Air Force Base, IL. This was a work-related umbilical hernia surgery. [Appellant] was on convalescent leave from October 8, 2002 until November 9, 2002. If you have any further concerns, please call the General Surgery Clinic at....”

In a decision dated January 14, 2003, the Office denied appellant’s claim for compensation on the grounds that the evidence failed to establish that his work activities caused or aggravated the claimed condition. The Office advised that appellant’s physician had to explain, based on an accurate factual and medical history and citing objective findings, how the events caused or affected his condition.

On January 29, 2003 appellant requested reconsideration. In support thereof, he submitted a January 27, 2003 report from Dr. Padmanabhan:

“This is to inform you that [appellant] had surgery on October 8, 2002 at Scott Medical Center, Scott Air Force Base, IL for an umbilical hernia repair. The type of injury leading to this surgery could be caused/aggravated by the type of heavy lifting, pushing of heavy equipment and throwing of heavy mail that [he] routinely performs in his job. [Appellant] was on convalescent leave from October 8, 2002 until November 9, 2002. If you have any further questions, please call the General Surgery Clinic at....”

Appellant submitted a copy of the October 8, 2002 operative report, which showed that he underwent an umbilical hernia repair and a laparoscopic Nissen fundoplication to address his gastroesophageal reflux disease (GERD).

In a decision dated April 23, 2003, the Office reviewed the merits of appellant’s claim and denied modification of its prior decision. The Office found that Dr. Padmanabhan’s opinion was speculative or equivocal and was not one of reasonable medical certainty.

The Board finds that the medical opinion evidence is insufficient to establish that appellant’s hiatal and umbilical hernias were causally related to his federal employment.

An employee seeking benefits under the Federal Employees’ Compensation Act¹ has the burden of proof to establish the essential elements of his claim. When an employee claims that he sustained an injury in the performance of duty, he must submit sufficient evidence to establish that he experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. He must also establish that such event, incident or exposure caused an injury.²

¹ 5 U.S.C. §§ 8101-8193.

² See *Walter D. Morehead*, 31 ECAB 188, 194 (1979) (occupational disease or illness); *Max Haber*, 19 ECAB 243, 247 (1967) (traumatic injury). See generally *John J. Carlone*, 41 ECAB 354 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

The Office does not dispute that appellant is a mailhandler, whose duties required him to load, unload and move bulk mail. There is no question that he pushed heavy mail in bulk mail containers, emptied sacks of mail and threw heavy mail in the performance of his duties. The factual evidence establishes that he experienced a specific event, incident or exposure occurring at the time, place and in manner alleged. The question for determination is whether the established employment activity caused an injury.

Causal relationship is a medical issue³ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence that includes a physician's rationalized opinion on whether there is a causal relationship between the claimant's diagnosed condition and the established incident or factor of employment. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁴ must be one of reasonable medical certainty⁵ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁶

Appellant's surgeon, Dr. Padmanabhan, reported on January 8, 2003 that he underwent "a work-related umbilical hernia surgery." While this is generally supportive of his claim for an umbilical hernia, the opinion is deficient to support the claim. Dr. Padmanabhan offered a simple conclusion with no medical explanation to show that his opinion was medically sound, rational and logical.⁷ The Board has held that medical conclusions unsupported by rationale are of little probative or evidentiary value.⁸ Dr. Padmanabhan gave no indication that he understood the nature of appellant's work requirements or explain his work activities of early 2002 caused or contributed to the surgical procedure of October 8, 2002. It is not evident that Dr. Padmanabhan based his opinion on an accurate history or factual background. Medical conclusions based on inaccurate or incomplete medical histories are also of little probative value.⁹

In his January 27, 2003 report, Dr. Padmanabhan acknowledged that appellant routinely performed heavy lifting, pushed heavy equipment and threw heavy mail in his job, indicating understanding of the physical demands of appellant's position as a mailhandler. He also noted that this type of activity could cause or aggravate an umbilical hernia. However, Dr. Padmanabhan expressed his opinion without reasonable medical certainty: "The type of injury leading to this surgery could be caused/aggravated by the type of heavy lifting, pushing of

³ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁴ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁵ *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁶ *See William E. Enright*, 31 ECAB 426, 430 (1980).

⁷ *See Kenneth J. Deerman*, 34 ECAB 641, 645 (1983) and cases cited therein at note 1.

⁸ *Ceferino L. Gonzales*, 32 ECAB 1591 (1981); *George Randolph Taylor*, 6 ECAB 968 (1954).

⁹ *See James A. Wyrick*, 31 ECAB 1805 (1980) (physician's report was entitled to little probative value because the history was both inaccurate and incomplete). *See generally Melvina Jackson*, 38 ECAB 443, 450 (1987), (addressing factors that bear on the probative value of medical opinions).

heavy equipment and throwing of heavy mail that [appellant] routinely performs in his job.” The Board finds this opinion speculative in nature. Although the opinion of a physician supporting causal relationship does not have to reduce the cause or etiology of a disease or condition to an absolute medical certainty, neither can such opinion be speculative or equivocal.¹⁰ The Board finds that Dr. Padmanabhan’s opinion is speculative, lacks reasonable medical certainty and is, therefore, of diminished probative value.¹¹

The medical opinion evidence of record is insufficient to establish that appellant’s claimed conditions were caused or contributed to by his federal employment. Because he has not met his burden of proof to establish the essential elements of his claim, the Board will affirm the denial of compensation.¹²

The April 23, 2003 decision of the Office of Workers’ Compensation Programs is affirmed.

Dated, Washington, DC
August 27, 2003

Alec J. Koromilas
Chairman

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member

¹⁰ *Philip J. Deroo*, 39 ECAB 1294 (1988).

¹¹ *Jennifer Beville*, 33 ECAB 1970 (1982), (statement of a Board-certified internist that the employee’s complaints “could have been” related to her work injury was speculative and of limited probative value).

¹² Office procedures provide that a right to reconsideration within one year accompanies any merit decision by the Board. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Reconsiderations*, Chapter 2.1602.3b (June 2002). Appellant, therefore, has one year after the date of this decision by the Board to submit to the District Office, with a written request for reconsideration, sufficient medical opinion evidence to establish causal relationship.